



## Patient Assistance Program

Akili's Patient Assistance Program is designed to make EndeavorRx® more affordable regardless of health insurance status or coverage, or whether caregivers have the means to pay for treatment. Caregivers who are concerned about the out-of-pocket cost for EndeavorRx are encouraged to apply for the Patient Assistance Program to see if they qualify for a reduced prescription cost.

### 2023 Patient Assistance Program Criteria\*

Eligibility for assistance is based on annual income and household size. If eligible, caregivers with a household income up to the amounts shown below can expect to pay the amount shown at the bottom of the column.

| Household Size | 48 Contiguous States and D.C. (Annual) |                        |                        |
|----------------|--|------------------------|------------------------|
|                | >200% Poverty Level                    | 200-300% Poverty Level | 301-500% Poverty Level |
| 1              | \$29,160                               | \$43,740               | \$72,900               |
| 2              | \$39,440                               | \$59,160               | \$98,600               |
| 3              | \$49,720                               | \$74,580               | \$124,300              |
| 4              | \$60,000                               | \$90,000               | \$150,000              |
| 5              | \$70,280                               | \$105,420              | \$175,700              |
| 6              | \$80,560                               | \$120,840              | \$201,400              |
| 7              | \$90,840                               | \$136,260              | \$227,100              |
| 8              | \$101,120                              | \$151,680              | \$252,800              |

*For families/households with more than 8 persons, add \$5,140 for each additional person.*

|                   |     |      |      |
|-------------------|-----|------|------|
| Prescription Cost | \$0 | \$49 | \$69 |
|-------------------|-----|------|------|

| Household Size | Alaska Poverty Guidelines (Annual) |                        |                        |
|----------------|------------------------------------|------------------------|------------------------|
|                | >200% Poverty Level                | 200-300% Poverty Level | 301-500% Poverty Level |
| 1              | \$36,420                           | \$54,630               | \$91,050               |
| 2              | \$49,280                           | \$73,920               | \$123,200              |
| 3              | \$62,140                           | \$93,210               | \$155,350              |
| 4              | \$75,000                           | \$112,500              | \$187,500              |
| 5              | \$87,860                           | \$131,790              | \$219,650              |
| 6              | \$100,720                          | \$151,080              | \$251,800              |
| 7              | \$113,580                          | \$170,370              | \$283,950              |
| 8              | \$126,440                          | \$189,660              | \$316,100              |

*For families/households with more than 8 persons, add \$6,430 for each additional person.*

|                   |     |      |      |
|-------------------|-----|------|------|
| Prescription Cost | \$0 | \$49 | \$69 |
|-------------------|-----|------|------|

| Household Size | Hawaii Guidelines (Annual) |                        |                        |
|----------------|----------------------------|------------------------|------------------------|
|                | >200% Poverty Level        | 200-300% Poverty Level | 301-500% Poverty Level |
| 1              | \$33,540                   | \$50,310               | \$83,850               |
| 2              | \$45,360                   | \$68,040               | \$113,400              |
| 3              | \$57,180                   | \$85,770               | \$142,950              |
| 4              | \$69,000                   | \$103,500              | \$172,500              |
| 5              | \$80,820                   | \$121,230              | \$202,050              |
| 6              | \$92,640                   | \$138,960              | \$231,600              |
| 7              | \$104,460                  | \$156,690              | \$261,150              |
| 8              | \$116,280                  | \$174,420              | \$290,700              |

*For families/households with more than 8 persons, add \$5,910 for each additional person.*

| Prescription Cost | \$0 | \$49 | \$69 |
|-------------------|-----|------|------|
|-------------------|-----|------|------|

## How it Works

- 1 The child's health care provider must first submit a prescription for EndeavorRx to Phil pharmacy.
- 2 Caregivers will then need to complete and submit the Patient Assistance Application by:
  - Going online to [endeavorrx.com/patient-assistance-program](https://endeavorrx.com/patient-assistance-program)
  - OR
  - Printing and sending the form via email to [help@usephil.com](mailto:help@usephil.com) or via fax to 888-975-0603
- 3 Once the application has been processed, a representative from Akili Assist® will reach out to the caregiver to discuss assistance approval and next steps.

**Apply online by scanning the code to visit our website.**

**Questions or need help? Call Akili Assist at 855-977-0975 Option 3 Monday - Friday from 9AM to 9PM Eastern Time.**



The assistance program criteria above are based upon the United States Department of Health & Human Services 2023 Poverty Guidelines, which are subject to change. Application submission does not guarantee enrollment in the program.



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